

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

# Spring Cleaning

Friday - March 27, 2020

12:00-3:30pm

## Activity Center at Bohrer Park

506 S Frederick Ave  
Gaithersburg, MD 20877

## Student Union & Forever Sisters

(Grades 9-12)

**SSL HOURS!**

StudentUnion@gaithersburgmd.gov

301-258-6350 office)

301-948-8364 (fax)

506 South Frederick Avenue

Gaithersburg, MD 20877



**Volunteers will, clean, organize and inventory supplies for the City's youth programs to prepare for Summer Camps!**

*Note: Volunteers may be assigned to locations where they are not under direct staff supervision. Volunteers must work independently for portions of the program and complete assigned tasks to earn SSL Hours. Food is not provided.*

### Student Union - Spring Cleaning 3.27.20

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐  
Email \_\_\_\_\_

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Spring Cleaning	ACBP		
			Spring Cleaning	ACBP		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐

Please specify:

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ \_\_\_\_\_ n/a \_\_\_\_\_ Cash ☐ Check # \_\_\_\_\_  
Visa/MC/Disc/Amex# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_  
Signature (name on card) \_\_\_\_\_  
Print Name \_\_\_\_\_

#### Office Use Only: 9782

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_